

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	12/15/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4226780042011100256700 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

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Stephen Cipullo/ Terminal Manager			(617)847-0993		3/14/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4259270042267800324900 - Total gallons discharged

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LOCATION: 740 WASHINGTON STREET
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ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	02/29/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Stephen Cipullo/ Terminal manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/3/14/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	02/29/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Stephen Cipullo/ Terminal manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	3/14/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

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FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
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ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

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Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	4/14/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4271750042592700124800 Total gallons discharged

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ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

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Stephen Cipullo/ Terminal Manager			(617)847-0993		05/13/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4301360042717500296100 total gallons discharged

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MA0028037	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.4	*****	8.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.8	6.8	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

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Stephen Cipullo/ Terminal Manager			(617)847-0993		6/14/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4313780043013600124200 Total gallons discharged

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03/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.7	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.7	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.7	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.7	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/6/14/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02169
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(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.7	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.7	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.7	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.7	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	/6/14/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager			(617)847-0993		7/15/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 432017004313780063901 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	8/15/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 43201700432017000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	09/09/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 43201700432017000 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		0/27/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		0/27/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	0/07/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 43201700432017000 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	1/14/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4357990043201700378200 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		2/15/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4369680043579900116900 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		2/15/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.8	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	2/15/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	11/13/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 43696800436968000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	12/14/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4419580043696800499000 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager			(617)847-0993		3/16/2017
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 44196800441968000 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	02/28/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/3/10/201	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 44196800 441968000 Gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	02/28/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/3/10/201	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 44196800441968000 Gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	4/20/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Reading 4466470044195800468900 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.3	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	05/15/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4539720044664700732500 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	6/15/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4576940045397200372200 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	05/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/6/15/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	05/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	/6/15/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	17	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager			(617)847-0993		7/14/2017
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4614620045769400376800 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager			(617)847-0993		8/14/2017
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4639520046146200249000 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

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Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	09/12/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 46395200463952000 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	08/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/9/12/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	08/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	/9/12/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		0/15/201	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 464944004639520099200 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	1/14/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4688060046494400386200 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.6	7.6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	2/14/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4723190046880600351300 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	11/30/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		2/14/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	11/30/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	2/14/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 02169
MINOR (SUBR E)
TREATED STORMWATER RUNOFF
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	11/12/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 47231900472319000 Gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	12/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4799500047480700514300 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	03/06/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4852180047995000526800 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	02/28/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/3/06/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	02/28/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	3/06/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

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Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	4/10/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4900330048521800481500 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

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Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	05/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4937620049003300372900 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

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Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	6/11/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 49376200493762000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	05/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.4	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.4	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.4	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.4	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/6/11/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	05/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.4	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.4	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.4	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.4	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/6/11/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager			(617)847-0993		07/09/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 49376200493762000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	8/13/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
meter Readings 49376200493762000 - Gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	09/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 49376200493762000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/9/14/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	/9/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

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Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	0/16/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 4991540049376200672000 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	1/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5039520049915400479800 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5.4	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	2/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5120870050395200813500 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	11/30/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		2/14/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	11/30/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		2/14/2018	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.2	5.2	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager			(617)847-0993		11/15/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5161620051208700407500 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	12/07/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5228590051616200669700 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.4	4.4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager			(617)847-0993		3/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5279920052295900503300 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	02/28/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.5	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.5	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.5	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.5	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/3/15/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	02/28/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.5	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.5	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.5	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.5	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	3/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	4/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5328840052799200489200 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	05/08/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5406620053288400777800 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	6/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5441260054066200346400 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.4	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.4	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.4	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.4	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/6/14/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.4	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.4	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.4	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.4	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	/6/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	8	*****	8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	7/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5458790054412600175300 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	17	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	8/11/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5488960054587900301700 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	09/13/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 54889600548896000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/9/13/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	/9/13/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager			(617)847-0993		0/08/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 54889600548896990 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	1/12/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5537000054889600480400 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	13	13	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	2/13/2014
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5577740055370000407400 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		2/13/2019
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.9	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		2/13/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.2	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	11/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5677520055777400997800 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	16	16	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	12/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5712320056775200348000 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	03/02/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 57123200571232000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	02/29/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/3/04/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	02/29/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	13/04/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5.6	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	14/08/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Reading 5759050056832700757800 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	7.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	22	22	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	05/06/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5842640057590500835900 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	6/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5862380058426400197400 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.7	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.7	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.7	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.7	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/6/16/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.7	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.7	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.7	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.7	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	/6/16/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	17/06/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SUBMIT SEPERATE FLOW and pH report with monthly DMR. See footnote5. If no discharge from Tank#8, enter NODI '9'. QUARTERLY RPORTING ON DMR 001B.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager			(617)847-0993		8/12/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 58623800586238000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	09/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 58623800586238000 - Gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		/9/09/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	/9/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	0/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SUBMIT SEPERATE FLOW and pH report with monthly DMR. See footnote5. If no discharge from Tank#8, enter NODI '9'. QUARTERLY RPORTING ON DMR 001B.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	1/17/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5914270058745200397500 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	17	17	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	2/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 5962220059142700479500 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.8	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.8	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.8	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.8	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		2/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.8	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.8	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.8	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 9.8	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE		DATE	
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993		2/14/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	11/14/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Reading 6040400059622200781800 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SPRAGUE TWIN RIVERS TECH TERM
ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169
FACILITY: SPRAGUE ENERGY
LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169
ATTN: STEVE CIPULLO, TERMINAL MGR

MA0028037	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	42	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	200	gal/min	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	200 DAILY MX	gal/min	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo		TELEPHONE	DATE
Stephen Cipullo 6178470993/ Terminal Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(617)847-0993	12/11/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Meter Readings 6071560060404000311600 - Total gallons discharged